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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number **Application Number** 10/806.845 POWER OF ATTORNEY Filing Date March 23, 2004 First Named Inventor Brian Boesch REVOCATION OF POWER OF ATTORNEY System and Method for Establishing and Monitoring WITH A NEW POWER OF ATTORNEY we Location of Group Members Art Unit 2497 AND **Examiner Name** Fred & Carra CHANGE OF CORRESPONDENCE ADDRESS Attorney Docket Number I hereby revoke all previous powers of attorney given in the above-identified application A Power of Attorney is submitted herewith. hereby appoint Practitioner(s) associated with the following Customer 22208 × Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: I hereby appoint Practitioner(s) named below as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith: Practitioner(s) Name Registration Number Please recognize or change the correspondence address for the above-identified application to: The address associated with the above-mentioned Customer Number. The address associated with Customer Number: OR Firm or Individual Name Address City State Zip Country Telephone Email I am the: Applicant/Inventor. Assignée of record of the entire interest. See 37 CFR 3.71. × Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on SIGNATURE of Applicant or Assignee of Record Signature aluntum Date Name Robert B. Kahr Telephone Title and Company Chairman, CEO and President, Corporation for National Research Initiatives NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\* \*Total of forms are submitted.

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